

**Non-Public/Charter School Summary Sheet**

Enhanced School Health Services Program

**2002-2003**

**Instructions:** Please fill out with information current as of June 2003. MDPH would prefer that a school nurse at the Non-Public School fill out this report (if not available, the administrator most familiar with the information may fill it out). Note: A separate "Summary Sheet" is required for each Non-Public/Charter school that has agreed to collaborate with the sponsoring Enhanced School Health Services district.

DO NOT LEAVE ANY ITEMS BLANK except where indicated: For any information that you *Do Not Know* and can not find out, please mark "DK" in the space provided (please make a reasonable effort to find out all information requested on this form). Enter "0" for responses that you know to be zero.

1. A. Person completing report: \_\_\_\_\_ 2. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
B. Title: \_\_\_\_\_ month year
3. Name of sponsoring ESHS public school system: \_\_\_\_\_
4. Name of non-public/charter school: \_\_\_\_\_  
Street & City of non-public school: \_\_\_\_\_  
Number of students in school (this information is REQUIRED): \_\_\_\_\_
5. Grade levels (check all that apply, and specify grade span, as in K-6, 8-12, etc.)
- |  | <u>Grades Served*</u> |   | <u>Grades Served*</u> |
|--|-----------------------|---|-----------------------|
| A. <input type="checkbox"/> Elementary         | _____                 | D. <input type="checkbox"/> Special Needs | _____                 |
| B. <input type="checkbox"/> Middle/Junior High | _____                 | E. <input type="checkbox"/> Ungraded      | _____                 |
| C. <input type="checkbox"/> High School        | _____                 | F. <input type="checkbox"/> Other         | _____                 |
- \*Leave "Grades Served" blank if the item is "Not Applicable".

**Resources**

6. School health care staffing in the non-public school (total number of hours per week):
- A. Nurse (RN) \_\_\_\_\_hours/week B. Health Aide \_\_\_\_\_hours/week C. Special Ed Nurse \_\_\_\_\_hours/week  
D. Volunteers (Parents, Nurses) \_\_\_\_\_hours/week E. Other \_\_\_\_\_hours/week

**Infrastructure and Policy Development**

- 7A. Do you have a School Health Advisory Committee? ☐ Yes ☐ No ☐ In Process  
7B. Number of Health Advisory Committee meetings during the past year? \_\_\_\_\_

**Data**

8. Does the data below cover the: ☐ Full school year ☐ Partial school year ( \_\_\_\_\_ months)

**Needs assessment**

9. Has a student health needs assessment been completed? ☐ Yes ☐ No ☐ In Process

\_\_\_\_\_  
ESHSID:

ESHS District:

(Rev. 05/28/02)

### Health Screenings

10. Number of students screened

(count each student only once, for each cell below. For example, if a student failed an initial screen and passed a second screen, he/she would be counted once in Column 1 and once in Column2)

<i>Type of Screening</i>	<b>1. Number Screened</b>	<b>2. Number Failed</b>	<b>3. Number Followed Up</b>
<b>A. Vision</b>			
<b>B. Hearing</b>			
<b>C. Postural</b>			

### Linkages with Primary Care Providers/Health Insurance Enrollment Programs

11. Identification of primary care and health insurance providers

<i>Number of students for whom:</i>	<b>No. of Students</b>
<b>A. Primary care providers have been identified</b>	
<b>B. Insurance providers have been identified</b>	

12. Referrals to primary care and insurance providers

<i>Referrals to:</i>	<b>1. Primary Care Providers</b>	<b>2. Insurance Providers</b>
<b>Number of Students Referred:</b>		

### Immunization Records

13. Immunization records: review, results, and follow-up (count students once in each cell)

	<b>1. Immunization Records Reviewed</b>	<b>2. Students Not In Compliance</b>	<b>3. Referrals or Immunizations Provided</b>
<b>Number of students:</b>			

### Comprehensive Health Education (CHE) and Tobacco Control

14. Do you have a K-12 CHE curriculum

including tobacco prevention education?

☐ Yes

☐ No

☐ In Process

### Management Information Systems

15. Are school health records computerized

(including a daily log of health visits)?

☐ Yes

☐ No

☐ In Process

16. Which school health software program do you use?

☐ None

☐ HealthOffice

☐ SNAP

☐ Student Health Manager

☐ Other (describe: \_\_\_\_\_)